

Utah Department of Human Services
Office of Recovery Services
Child Support Services

FOR OFFICE USE ONLY

Date app. requested: _____
Date app. provided: _____
Date app. received: _____
Date case opened: _____
Case Number: _____

APPLICATION FOR NON-IV-A SERVICES

****Complete page 17 and 18 if you are NOT applying for or receiving cash assistance/Medicaid, or if you want child support services even if your cash assistance/Medicaid is denied.****

SUPPORT SERVICES: You MUST sign question #155 OR #156 below indicating the type of services you want.

155. I have read and I understand the information about ORS/CSS services. I would like to apply for child support AND medical support enforcement services.

Signature

Full Name (print)

Date

****OR****

156. I have read and I understand the information about ORS/CSS services. I would like to apply for child support services, but **DO NOT currently need medical support enforcement services** because I have an order for medical insurance and the children currently have insurance coverage other than Medicaid, **and I have listed the insurance information** in the "Insurance Information" section of the Parents' Background Information form (form AIIA). **I further understand that if the insurance terminates and ORS/CSS learns of the termination, medical support enforcement will automatically begin.**

Signature

Full Name (print)

Date

ADDITIONAL INFORMATION:

157. I have read and I understand that if a support payment has been incorrectly credited and refunded to me, I agree that my future support payment(s) may be decreased by an amount equal to the payment I received in error.

Signature

Date

158. Do you currently have an assignment, agreement, or contract with a private agent (collection agency or private attorney) to collect your child support? Yes _____ No _____

If "Yes", write the name and address of the agency or attorney: _____

Your case information will be released, unless it has been safeguarded by ORS/CSS, as follows:

- to the Federal Case Registry, where it may be accessed by other state agencies;
- to the Attorney General’s Office if your case is referred for a court action;
- to the Office of Administrative Hearings if your case is referred for a hearing;
- to another state if your case is referred to another state’s child support agency; or,
- to the other party or the other party’s attorney, if we receive a written request and a parent-time order. If a request is made for your address and the address of your child(ren), you will be sent a notice that gives you the opportunity to contest the release of your information and ask that it be safeguarded.

159. If you have a domestic violence issue, would you like ORS/CSS to attempt to safeguard your case information and your child(ren)'s case information? Yes _____ No _____ If "Yes", you must provide ORS/CSS with a copy of one of the following: a protective order; a current court order prohibiting disclosure; a current court order limiting or prohibiting the requested person's contact with the party whose location is being sought; a criminal order; or, documentation of a pending proceeding for any of the above.

ELECTRONIC FUNDS TRANSFER - EFT: You **MUST** complete this section if you want to receive EFT.

YES, I would like my payments directly deposited into my account at the financial institution indicated below:

Signature

Social Security Number

Date

Name _____

Address

City, State, Zip Code

Daytime Phone

Financial Institution

Bank Routing Number

Account Number

Put an "X" next to the type of Account: Savings* _____ Checking** _____

* For EFT to a savings account you MUST attach a savings deposit slip or your most recent savings account statement.

**** For EFT to a checking account you MUST attach a voided check that includes the bank routing number.**

Indicate if you would like the Automated Information System to phone you when EFT is in effect:

Yes	No
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